Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL QUALITY MEASURES CLEARINGHOUSE

General

Title

Urinary incontinence (UI): percentage of patients who are being monitored for side effects of medications prescribed for the treatment of UI.

Source(s)

American Medical Directors Association (AMDA). Implementing AMDA's clinical practice guidelines in the long-term care setting -- CPG implementation series: urinary incontinence manual. Columbia (MD): American Medical Directors Association; 2014. 76 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients who are being monitored for side effects of medications prescribed for the treatment of urinary incontinence (UI).

Rationale

Urinary incontinence (UI) is one of the most common conditions affecting patients residing in long-term care (LTC)/post-acute (PA) facilities (Thompson, 2004), affecting more than 59% of all such patients (Jones et al., 2009). The prevalence of UI usually increases with age; however, it is not a normal part of aging. If left untreated, UI may be associated with negative outcomes including falls (Chirarelli, Mackenzie, & Osmotherly, 2009), skin issues (Farage et al., 2007), urinary tract infections (UTIs) (Omli et al., 2010), numerous psychological effects (Sexton et al., 2011) and dependence often leading to placement in a LTC/PA facility. There are several types of UI and modifiable risk factors that can be managed effectively thereby enhancing quality of life. Individualized treatment goals and plans of care

designed with patient collaboration and patient preference are pivotal in achieving successful outcomes.

Monitor the treatment of patients with UI to observe if the selected interventions achieve progress toward each patient's individual care goals. Documentation in the medical record should include periodic review of the degree and type of UI, the rationale for continuing or changing current treatment approaches, complications and any other relevant information. Periodic reassessment along with monitoring and documentation may identify the need to change treatment and/or treatment goals.

Evidence for Rationale

American Medical Directors Association (AMDA). National Quality Measures Clearinghouse (NQMC) measure submission form: geriatrics: percentage of patients who are being monitored for side effect of medications prescribed for the treatment of urinary incontinence. 2014 Feb. 8 p.

American Medical Directors Association (AMDA). Urinary incontinence in the long term care setting. Columbia (MD): American Medical Directors Association (AMDA); 2012. 33 p. [95 references]

Chiarelli PE, Mackenzie LA, Osmotherly PG. Urinary incontinence is associated with an increase in falls: a systematic review. Aust J Physiother. 2009;55(2):89-95. PubMed

Farage MA, Miller KW, Berardesca E, Maibach HI. Incontinence in the aged: contact dermatitis and other cutaneous consequences. Contact Dermatitis. 2007 Oct;57(4):211-7. PubMed

Hu TW, Wagner TH, Bentkover JD, Leblanc K, Zhou SZ, Hunt T. Costs of urinary incontinence and overactive bladder in the United States: a comparative study. Urology. 2004 Mar;63(3):461-5. PubMed

Jones AL, Dwyer LL, Bercovitz AR, Strahan GW. The National Nursing Home Survey: 2004 overview. Vital Health Stat 13. 2009 Jun;(167):1-155. PubMed

Lawhorne LW, Ouslander JG, Parmelee PA, Resnick B, Calabrese B. Urinary incontinence: a neglected geriatric syndrome in nursing facilities. J Am Med Dir Assoc. 2008 Jan;9(1):29-35. PubMed

Omli R, Skotnes LH, Romild U, Bakke A, Mykletun A, Kuhry E. Pad per day usage, urinary incontinence and urinary tract infections in nursing home residents. Age Ageing. 2010 Sep;39(5):549-54. PubMed

Sexton CC, Coyne KS, Thompson C, Bavendam T, Chen CI, Markland A. Prevalence and effect on health-related quality of life of overactive bladder in older Americans: results from the epidemiology of lower urinary tract symptoms study. J Am Geriatr Soc. 2011 Aug;59(8):1465-70. PubMed

Thompson DL. Geriatric incontinence: the long-term care challenge. Urol Nurs. 2004 Aug;24(4):305-13, 356; quiz 314. PubMed

Primary Health Components

Long term care; urinary incontinence (UI); medication; side effects; monitoring; elderly

Denominator Description

Number of all patients aged greater than or equal to 65 years receiving medication for urinary incontinence (UI)

Numerator Description

Number of patients who are being monitored for side effects of medication prescribed for the treatment of urinary incontinence (UI)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A systematic review of the clinical research literature (e.g., Cochrane Review)

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

- The prevalence of overactive bladder (one type of urinary incontinence [UI]) in the U.S. adult population is estimated at 42.2 million (Onukwugha et al., 2009); one study suggests a prevalence in the long-term care (LTC) population of 70% in blacks and 63% in whites (Durrant & Snape, 2003). The prevalence of UI generally increases with age, and women are affected more than men.
- UI can adversely affect patients' dignity and can contribute to depression, embarrassment and social isolation.
- The annual cost of managing UI in LTC facilities is estimated at $5.3 billion (Hu et al., 2010).
- UI is a condition with various causes. It can often be managed and modified, and in some cases reversed, even in frail older adults and individuals with dementia who reside in LTC facilities. Correction of underlying factors such as medical illnesses, functional limitations, and medication side effects can also improve UI.

Evidence for Additional Information Supporting Need for the Measure

American Medical Directors Association (AMDA). National Quality Measures Clearinghouse (NQMC) measure submission form: geriatrics: percentage of patients who are being monitored for side effect of medications prescribed for the treatment of urinary incontinence. 2014 Feb. 8 p.

American Medical Directors Association (AMDA). Urinary incontinence in the long term care setting. Columbia (MD): American Medical Directors Association (AMDA); 2012. 33 p. [95 references]

Durrant J, Snape J. Urinary incontinence in nursing homes for older people. Age Ageing. 2003 Jan;32(1):12-8. PubMed

Hu TW, Wagner TH, Bentkover JD, Leblanc K, Zhou SZ, Hunt T. Costs of urinary incontinence and overactive bladder in the United States: a comparative study. Urology. 2004 Mar;63(3):461-5. PubMed

Onukwugha E, Zuckerman IH, McNally D, Coyne KS, Vats V, Mullins CD. The total economic burden of overactive bladder in the United States: a disease-specific approach. Am J Manag Care. 2009 Mar;15(4 Suppl):S90-7. PubMed

Extent of Measure Testing

The measure has been developed by the national organization American Medical Directors Association (AMDA) and promotes precise development and the use of clinical performance measures.

Evidence for Extent of Measure Testing

American Medical Directors Association (AMDA). National Quality Measures Clearinghouse (NQMC) measure submission form: geriatrics: percentage of patients who are being monitored for side effect of medications prescribed for the treatment of urinary incontinence. 2014 Feb. 8 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Assisted Living Facilities

Skilled Nursing Facilities/Nursing Homes

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age greater than or equal to 65 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Institutionalization

Patient/Individual (Consumer) Characteristic

Therapeutic Intervention

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions
Number of all patients aged greater than or equal to 65 years receiving medication for urinary incontinence (UI)

Exclusions
Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions
Number of patients who are being monitored for side effects of medication prescribed for the treatment of urinary incontinence (UI)

Exclusions
Unspecified

Numerator Search Strategy

Institutionalization

Data Source

Administrative clinical data

Electronic health/medical record

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Percentage of patients who are being monitored for side effect of medications prescribed for the treatment of urinary incontinence.

Measure Collection Name

Urinary Incontinence

Measure Set Name

Clinical Process Measures

Measure Subset Name

Monitoring

Submitter

American Medical Directors Association - Nonprofit Organization

Developer

American Medical Directors Association - Nonprofit Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

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Financial Disclosures/Other Potential Conflicts of Interest

Faculty and workgroup members do not have any financial relationships to disclose.

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2014 Feb

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in April 2016.

Measure Availability

Source available for purchase from the American Medical Directors Association (AMDA) Web site .

For more information, contact AMDA at 11000 Broken Land Parkway, Suite 400, Columbia, MD 21044; Phone: 410-740-9743; Fax: 410-740-4572; E-mail: info@paltc.org; Web site: www.paltc.org .

Companion Documents

The following is available:

> American Medical Directors Association (AMDA). National Quality Measures Clearinghouse (NQMC) measure submission form: geriatrics: percentage of patients who are being monitored for side effect of medications prescribed for the treatment of urinary incontinence. 2014 Feb. 8 p.

For more information, contact AMDA at 11000 Broken Land Parkway, Suite 400, Columbia, MD 21044; Phone: 410-740-9743; Fax: 410-740-4572; E-mail: info@paltc.org; Web site: www.paltc.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on December 15, 2014. The information was verified by the measure developer on February 25, 2015.

The information was reaffirmed by the measure developer on April 5, 2016.

Copyright Statement

Production

Source(s)

American Medical Directors Association (AMDA). Implementing AMDA's clinical practice guidelines in the long-term care setting -- CPG implementation series: urinary incontinence manual. Columbia (MD): American Medical Directors Association; 2014. 76 p.

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